U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

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For Official Use Only	
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1 File Number U 9699

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

Name _{Bobble} L Forbus La	ame file number and address of labor organization me LIUNA Local 1168 bor Organization file Number 064-508 D Box Building and Foom Number if any 318 reet 1401 Holliday Street	
La	bor Organization File Number 064-508 D Box Building and Foom Number if any 318	
	O Box Building and Foom Number if any 318	
PO Box Bidg Room No If any		
	reet 1401 Holliday Street	
Street 621 W Union Str		
City Jacksboro Cit	y Wichita Falls	
State Texas ZIP Code + 4 76458 Sta	ate Texas ZIP Code + 4 76301	
5 Position in labor organization Secretary/Field Representative		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent		
Name and address of Employer (including trade name. if any) 7 a	Nature of Interest, Transaction or Income	
Name		
Trade Name If any		
P O Box Bldg Room No If any 7 b	Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)		
Signed Boshie & Forbus o	n 8/12/2005 (940)567 2163	
	Date Telephone Number	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent o (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Ohio Valley and Southern States LECET

Trade Name if any OVSS LECET

PO Box Bldg Room No If any 305

Street 25 Century Blvd

Nashville

State Tennessee

ZIP Code + 4 37214

9 Business deals with

a Labor Organization

X b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Ohio Valley and Southern States LECET

Trade Name If any OVSS LECET

PO Box Bldg Room No If any 305

Street 25 Century Blvd

Nashville

State Tennessee

ZIP Cod€ + 4 37214

11 a Nature of such de sling

Laborers Employers Cooperation and Education Trust (LECET) secures projects and jobs increases union sector market share advertises their services develops a workforce and advances shared market related interests

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attended a reception sponsored by the LECET which included a meal

12 b Amount

\$46

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

PO Box Bldg Room No fany

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer

or Consultant

14 a Nature of payment.



U S Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue NW Room N 5616 Washington D C 20210

Re Form LM 30 Filing for Bobbie Forbus, Labor Organization File No 064-508

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM 30 to the 2004 reporting period. In filing the report. I have reviewed all of my available 2004 records as well a my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know it was not until Mirch of this year that the Department of Labor initially announced its intention to provided additional guidance to the reporting community concerning the LM 30 report to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and review its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on Lm-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 reporting provisions and in doing so. I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance. I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely

Bobbie L Forbus

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